

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 27 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

47268

1. PLACE OF DEATH

County Schuyler
 Township Liberty
 City Lancaster (No. _____)

Registration District No. 805
 Primary Registration District No. 6050

File No. 86
 Registered No. _____

2. FULL NAME

Sarah Elizabeth Burns (Haley) Brown
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 8 1847</u>		
7. AGE	YEARS	MONTHS
	<u>89</u>	<u>10</u>
		<u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Palmyra Mo</u>		
13. NAME <u>Maxton Haley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
15. MAIDEN NAME <u>Martin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
17. INFORMANT <u>Mrs. Green Mages</u> (ADDRESS) <u>Lancaster Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>P.O. of Cem.</u> DATE <u>Dec. 30 1936</u>		
19. UNDERTAKER <u>True Morehead</u> (ADDRESS) <u>Lancaster Mo</u>		
20. FILED <u>Dec. 31 1936</u> <u>Byrdie H. Drake</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec 28 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 15 1936</u> to <u>Dec 27 1936</u> I last saw him alive on <u>Dec. 26 1936</u> Death is said to have occurred on the date stated above, at <u>11:49 am</u> The principal cause of death and related causes of importance were as follows: <u>Endocarditis</u> <u>120</u> Other contributory causes of importance: <u>nephritis</u>
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____ Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Dr. R. E. Vaughn, M. D.</u> (Address) <u>Lancaster, Mo.</u>

1328

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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1. PLACE OF DEATH

County Schuyler
Township Liberty
City (No. , St. Ward)

Registration District No. 805
Primary Registration District No. 6050

File No. 86
Registered No. _____

2. FULL NAME

Sarah Elizabeth Burns (Haley) Brown
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 89 MONTHS 10 DAYS 20 If LESS than a day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED Mar 2 1937 Byrdie Drake Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Endocarditis acute Date of onset _____

Other contributory causes of importance:

Nephritis acute
cause unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Dr. R. E. Vaughn M. D.

(Address) Faneaster, Mo

S-47268